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FILED

9/26/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

AUG 05 2016 

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Demetrios D Henry

1:16-cv-7927
Judge Gary Feinerman
(T) Magistrate Judge Maria Valdez
PC8

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: Demetrius S Henry

B. List all aliases: Demetrius Ghant

C. Prisoner identification number: R34566

D. Place of present confinement: Lincoln CC

E. Address: Lincoln IL, 62656 P.O. Box 549

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: _____
Title: _____
Place of Employment: COOK County Jail

B. Defendant: NA
Title: _____
Place of Employment: _____

C. Defendant: NIA
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I write this grievance due to the fact the Super-intendent of Div 3 came and seen the conditions that not only I, but all inmates where living in and did nothing about it. Even though we/I expressed that what what I was enduring was unbearable and inhumane. There was no running water, heat and we/I were sleeping in rat and roach infected quarters. In addition this portion/section of the jail was deemed condemned and unsatisfactory for inmate living conditions. This in itself violated my 4th, 8th, and 14th amendment.¹⁵ I had asked repeatedly to be moved to a section of the jail where I could at least take a shower, brush my teeth and get my general hygiene in-order. There were all kind of fungi and mold in this Division (3) that made me sick and unhealthy, but medical attention was not available or my request was not taken seriously. All these incidents happened Oct-Nov 2009-10 (Date's may not be precise)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Due to the blatant & deliberate ignoring of my rights as an American deemed innocent until proven guilty while in Cook County Jail Care, which is controlled by Tom Dart. I ask the court to find in my favor that I should be compensated an reasonable amount of 300,000 dollars. Sincerely I pray that the Court emphasize with my pain and suffering endured from this ordeal.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 2nd day of August, 20 16

Demetrius S Henry
(Signature of plaintiff or plaintiffs)

Demetrius S Henry
(Print name)

R 34566
(I.D. Number)

Lincoln IL, 62656 P.O BOX
549 Lincoln C.C.
(Address)

Demetrius D Henry R 34566
Lincoln - Lcc P.O. Box 549
Lincoln, IL 62656

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1:16-cv-7927
Judge Gary Feinerman
Magistrate Judge Maria Valdez
PC8

OFFICE OF
CLERK OF THE U.S. DISTRICT COURT
UNITED STATES COURTHOUSE
CHICAGO, IL 60604

This correspondence is
from a unit of the Illinois
Department of Corrections